PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998					19/59595			
CL	AIMS AS FILED - I	· -		SMAI	L ENTITY) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ER THAI
FOR	(Column 1) NUMBER FILED		ilumn 2) R EXTRA	TYP		OF	SMAL	L ENTIT
BASIC FEE				RATI		+	RATE	FE
TOTAL CLAIMS	4 minus 20)= • 2	~/	Yaa	380.00	OR		760.
NDEPENDENT CLAIMS	minus 3	100		X\$ 9:		OR	X\$18=	178
MULTIPLE DEPENDENT CLAIM PRESENT			X39=	-	OR	X78=	46	
If the difference in column 1 is less than zero, enter "0" in column 2				+130=		OR	+260=	
192413 CLAIMS AS AMENDED - PART II				TOTAL	-	OR	TOTAL	16
	umn_1)	(Column 2)	(Caluma 2)	IAMS	LENTITY	00	OTHE	THAN
CL REM	AIMS IAINING	HIGHEST NUMBER	(Column 3)	JANAE	ADDI-	OR V ∣	SMALL	
A. A.		PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL		RATE	TION, FEE
Total .		47	=0	X\$ 9=		OR	X\$18=	
	<i>7</i>		=0	X39=/	1		X782	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				╂╴╌┤	OR			
16 121 NON Compliant			+430= TOTAL		OR	1 260=		
7/2/04 (Colu	<u>umn 1)</u>	(Column 2)	(Caluma 0)	ADDIT. FEE		OR £	DDIT. FEE	
CU/	AIMS AINING	HIGHEST NUMBER	(Column 3)		ADDI-	r		100
AF	TC0	PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL		RATE	ADÓI TIONA
Total • H	Minus ***	111	= O	X\$ 9=	FEE	<i>a</i> . }	Yava	FEE
Independent * 9	Minus **	9	=0	—	12 14	OR	X\$18∠	
REMAINING AFTER AMENDMENT Total Independent A Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				X39=/		OR	X78=	
0061				+1/30=		OR/	+260=	
8.4.174			•	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
CLAI		Column 2) HIGHEST	(Column 3)			, .		
REMAI AFTI	INING	NUMBER REVIOUSLY	PRESENT	2475	ADDI-	Γ	:	ADDI-
AMEND		PAID FOR	EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
Independent . G	Minus **	4/	<i>- 0</i>	X\$ 9=	7)R	X\$18=	/
	Minus *** OF MULTIPLE DEPEND	- /	0	X39=	/	上	X78≠	<u> </u>
	WOULD DEFEND	LITI CLAIM	·	1120)R	/-	•
the entry in column 1 is less	s than the entry in column 2,	write "O" in colu	mn 3.	+130+		R /	260=	
	ously Paid For IN THIS SPA ously Paid For IN THIS SPA			ADDIT FEE	0		TOTAL DIT. FEE	
	usty Paid For (Total or Indep	pendent) is the h	ighest number fo	ound in the app	ropriate box in	colum	in 1.	

FORM PTO-875 (Rev. 11/98)

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